

**ATLANTA MARRIOTT MARQUIS
1999 CANCER CONFERENCE
HOTEL RESERVATION FORM**

Please mail or fax hotel reservation form to:

**Atlanta Marriott Marquis
265 Peachtree Center Avenue
Atlanta, Georgia 30303
Telephone: (404) 521-0000
Reservation FAX: (404) 586-6247**

Revised March 1, 1999

Hotel Reservation Deadline: July 16, 1999

Name: _____ **Degrees:** _____

Title: _____

Agency/Affiliation: _____

Address: _____

City: _____ **State:** _____

Zip/Postal Code: _____ **Country:** _____

Phone: _____ **Fax:** _____ **E-mail:** _____

Single Room Rate: \$90 plus tax

Double Room Rate: \$110 plus tax

Single / Double Occupancy (circle one)

Arrival Date: _____ **Departure Date:** _____

Reservations must be guaranteed with a credit card. Please be aware that the hotel will charge the first night's room and tax to your card. Your signature on this form authorizes this charge. Please list below the credit card you will be using

Type of card: _____ **Card Number:** _____

Expiration Date: _____ **Signature:** _____

